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## \*BIBDATASHEET\*

CONFIRMATION NO. 6598

Bib Data Sheet

|                             |                                       |              |                        |                                 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------|
| SERIAL NUMBER<br>10/085,376 | FILING DATE<br>02/28/2002<br><br>RULE | CLASS<br>715 | GROUP ART UNIT<br>2176 | ATTORNEY<br>DOCKET NO.<br>EMS11 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------|

## APPLICANTS

Michelle Shores, Atlanta, GA;

Dave Rice, Ellicott City, MD;  
 Tim Beyer, St. James, NY; Robert M. Payne, Pelham, AL;  
 Farley Kamhi, Brooklyn, NY;

\*\* CONTINUING DATA \*\*\*\*\*

NO

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

NO

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 03/20/2002

|  |          |         |        |             |
|--|----------|---------|--------|-------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no                  | STATE OR | SHEETS  | TOTAL  | INDEPENDENT |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after | COUNTRY  | DRAWING | CLAIMS | CLAIMS      |
| Verified and<br>Acknowledged <input checked="" type="checkbox"/> Allowance<br>Examiner's Signature Initials      | GA       | 2       | 16     | 4           |

## ADDRESS

Michelle Shores  
 EMSI, INC.  
 167 Mangum Street, NW  
 Atlanta, GA  
 30313

## TITLE

System and method for improved validation for claims compliance

|            |   |   |
|------------|---|---|
| FILING FEE | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees   |
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